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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Terstappen et. al.

Serial No. 10/079,939

Filed: 12 February 2002

For: METHODS AND REAGENTS FOR
THE RAPID AND EFFICIENT
ISOLATION OF CIRCULATING
TUMOR CELLS

Examiner:

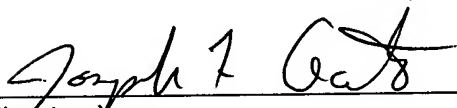
Power of Attorney and
Address Correspondence
Change.

Our File No.: IMMC 304

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
on April 30, 2004.



(Signature)

Joseph F. Aceto (Reg No 50701)

**Revocation of Power of Attorney with New Power of Attorney and
Change of Correspondence Address**

It is requested that Joseph F. Aceto and James Wilcox (Customer No. 40541) have new power of attorney and replace Dann, Dorfman, Herrell & Skillman. Further, the new corresponding address should associate with Customer No. 40541.

Respectively submitted,


Joseph F. Aceto
Reg No. 50701

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/079,939
Filing Date	12 February 2002
First Named Inventor	Terstappen
Art Unit	
Examiner Name	
Attorney Docket Number	IMMC 304

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 40541☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:40541**OR**☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

JAMES L. WILLOX

Signature

[Signature] PRESIDENT, IMMUNIVEST

Date

6-28-04

Telephone

215-830-0777

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Immunivest CorporationApplication No./Patent No.: 10/079,939 Filed/Issue Date: 12 February 2002Entitled: Terstappen, L. Rao, G., O'Hara, S. Liberti, P. Gross, S. Doyle, G.

Immunivest _____, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:A. [☒] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012935, Frame 0431, or for which a copy thereof is attached.
0437

OR

B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

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[] Additional documents in the chain of title are listed on a supplemental sheet.

[☒] Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

29 June 2004

Date

215-830-0777

Telephone number

James L. Wilcox

Typed or printed name


SignaturePresident Immunivest Corporation

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.